million people are infected with trachoma. Five million people are infected with its late stages and two million are blind because of it. The trachoma biovar of C. trachomatis can be subdivided into 15 serovars which are designated by the letters A–K based on the polymorphism in the sequence of the major outer membrane protein. 

Serovars A–C can usually be isolated from patients with clinical trachoma in regions where trachoma is endemic. Oculogenital infection caused by serovars D–K is common in developed countries and leads to inclusion conjunctivitis, also called para-trachoma. Up to 90% have concurrent urogenital infection of the sexual partner is not treated as well. The diagnosis is often delayed or even missed. Because chlamydial infection is frequently differentiated, the serovar of the C. trachomatis isolate in our case, as serotyping is not routinely performed in Switzerland. However, the advanced clinical findings leading to entropion necessitating surgery emphasise not only the need for early diagnosis and treatment of this disease but also the need for thorough clinical examination including eversion of the upper lid and inspection of the tarsal conjunctiva in any patient with conjunctivitis. The epidemiology of trachoma.

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Informed consent was obtained for publication of the person’s details in this report.

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